

Innovations in Aging Services and Family Caregiver Support Request for Proposals (RFP) - #0334-134 Special Funding – 2004

Guidelines and Requirements

Long-Term
Care

Washington State Department of Social and Health Services

Aging and Disability Services Administration

P.O. Box 45600, Olympia, WA 98504-5600

Innovations in Aging Services and Family Caregiver Support Special Funding

Request for Proposals (RFP)– Solicitation # 0334-134

Guidelines and Requirements

Introduction

Aging and Disability Services Administration (ADSA) is pleased to announce a one-time only funding available for organizations to pilot innovative projects in aging services and family caregiver support. These projects will focus on serving individuals eligible under the Older Americans Act (OAA) targeted populations*. A total of \$200,000 is available from the Older Americans Act funds for an estimated six projects. Projects of varying sizes and funding amounts will be considered. The grants funded under this Request for Proposals (RFP) will be authorized for one year beginning January 2004.

Proposals can be developed in one of six different categories. The categories include:

- 1 Ethnic Family Caregiver Support
- 2 Support Services for Depression
- 3 Healthy Aging
- 4 Mobile Geriatric Dental Services
- 5 Kinship Care Legal Services
- 6 Services Serving Older Caregivers of Adults with Developmental Disabilities

**The eligible populations are described in the Target Populations section below.*

Purpose

The intent of this grant initiative is to support innovative approaches to serving Older Americans Act target populations in the State of Washington. The innovation can be in the service itself or in the population being served, i.e., create a new service/program or serve a currently un-served population with an existing, effective service, adapted for the new population.

Target Populations

The target populations eligible for categories one through four:

1. Ethnic Family Caregiver Support
2. Support Services for Depression
3. Healthy Aging
4. Mobile Geriatric Dental Services

Includes **at least** one of the following groups:

1. Older individuals residing in rural areas.
2. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)*.
3. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).**
4. Older individuals with severe disabilities.
5. Older individuals with limited English-speaking ability; and
6. Older individuals with Alzheimer's Disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals.
7. Older Native American individuals in need of help.
8. Unpaid Family Caregivers (age 19 and over) who provide care to persons over the age of 60 who need long-term care services (without the provided care, placement in a long-term care facility could result).

**Greatest economic need* means the need resulting from an income level at or below the poverty line.

***Greatest social need* means the need caused by non-economic factors, which include

1. Physical and mental disabilities.
2. Language barriers; and cultural, social or geographical isolations, including isolation caused by racial or ethnic status, that
 - a) Restricts the ability of an individual to perform normal daily tasks; or
 - b) Threatens the capacity of the individual to live independently.

The target population for category five, Kinship Care Legal Services includes:

Grandparents, step-grandparents or relatives, age 60 or over, who live with children (18 years or younger), are the primary caregivers of the children because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the children, and have a legal or informal relationship with the children.

The target population for category six, Serving Older Caregivers of Adults with Developmental Disabilities includes:

Older individuals who provide uncompensated care to their adult children (18 years and older) with disabilities.

Projects Involving Services to Unpaid Caregivers

If the project involves services to caregivers, the potential contractor must be willing to collaborate with the local Family Caregiver Support Program which is administered by the state's 13 Area Agencies on Aging (AAA) and any subcontracted organizations that are the access points for Family Caregiver Support Program services (See Exhibit A for a list of the AAA FCSP Coordinators).

If an AAA is the applicant, linkages and collaboration with other community agencies involved with the targeted population must be evident.

Letters of Support from collaborating agencies should be included as an Appendix to the Application Form and must reflect the kinds of supportive services and activities these agencies can contribute to this project.

Qualifications of Applicants

To submit a proposal:

1. The applicant (organization) must be located in the State of Washington
2. Eligible organizations include:
 - a) Tribal government,
 - b) Government agency, e.g. university, health department, Area Agency on Aging,
 - c) Community-based private non-profit organization with 501C3 status, or
 - d) Faith-based organization.

Proposal Guidelines

1. Grant funds will be used to implement programs or services within the State of Washington.
2. Grant funds will not be used to replace baseline funding for existing programs or for existing program service costs.
3. Funding will support new or innovative services or ways of providing services (e.g., providing an existing model to a new population).
4. Grant funds will not be used to continue projects receiving Innovations in Family Caregiver Support funding in Fiscal Year (FY) 2003.
5. Grants will be awarded through a statewide competitive Request for Proposals (RFP) process.
6. Grants are for one year. Anticipated performance period of the grant is from January 31, 2004 through January 31, 2004.

7. Applicants may submit no more than two proposals and only one per project category. If you plan to apply for more than one category of service you must submit a separate RFP Application for each category.
8. To prepare your proposal, use standard 8.5"x11" white paper, use a font not less than 12 point, and identify each copy of your proposal by including RFP # 0334-134.
9. The selected grantees must show that they can begin their proposed project by the designated grant agreement start date. Projects must achieve significant progress toward meeting the project's goals by the end of the sixth month.
10. Matching funds from eligible applicants and external partners are not required. However, in-kind contributions of staff time and other resources from partnering programs are expected. Applicants are encouraged to identify and leverage opportunities that will enhance the impact of their work. These may include cost sharing to support shared staff positions, donation of supplies and other resources, and other activities that are directly related to the project.
11. For the project's budget, administrative fees cannot exceed ten percent.
12. To be deemed responsive, a proposal must adhere to all administrative requirements and supply all requested information. Use the included Application Format to organize your proposal, or, you can download an electronic copy of the Application Form from the ADSA website at <http://www.adsa.wa.gov> or from the DSHS Central Contract Services website at <http://www1.dshs.wa.gov/msa/ccs>.
13. Submit an original (one-sided) and five (5) copies (two-sided) of the RFP Application in paper form.
14. No late submissions, e-mails, or faxes will be accepted.

Application Process

Timeline

RFP Guidelines and Requirements available:	November 10, 2003
Written questions due	Noon on December 1, 2003
RSVP regarding attendance at Bidders Conference	Noon on December 1, 2003
Bidders Conference/Grant Writing Workshop	December 8, 2003
Letters of Intent due by:	December 15, 2003
Application Form/Proposals due:	December 29, 2003
Successful Bidders Announced on or about:	January 12, 2003

Communication with DSHS

Upon release of this RFP, all communications concerning this RFP must be directed only to the RFP Coordinator listed below. Any communication directed to parties other than the RFP Coordinator may result in disqualification. Any oral communications will be considered unofficial and non-binding to DSHS. Bidders should rely only on written statements issued by the RFP Coordinator.

Written Questions

Submit written questions to the Solicitation Coordinator no later than noon on December 1, 2003 with a clearly identifiable heading referencing Solicitation # 0334-134.

Bidders should fax, e-mail or mail written questions to the RFP Coordinator. Early submission of questions is encouraged. Questions will be accepted until the date set forth in the Acquisition Schedule. Questions and Answers will be forwarded (via mail, e-mail or FAX) in writing to all Bidders who have submitted a written request as well as posted to the ADSA and CCS websites.

Bidders Conference

A Bidders conference and grant writing workshop will take place on **December 8, 2003** from 9:30 AM-12: 30 PM at the Sea-Tac Holiday Inn located at 17338 International Blvd., Seattle, WA 98188 in the O'Hare Room. The purpose of this meeting is to provide potential applicants with an opportunity to ask questions and receive instructions on grant writing.

For planning purposes, if you intend to attend the Bidders conference, please RSVP by noon on December 1, 2003 to Christy Hoosier by fax or email as listed below.

Availability of the Bidders Conference is subject to the number of responses received.

Letters of Intent

A Letter of Intent, including the information below, should be mailed, e-mailed or faxed to the Solicitation Coordinator at the address below by December 15, 2003. Letter of intent should contain the following information:

1. Solicitation # 0334-134.
2. Organization's name.
3. Indicate project category: select one of the following;
 - ☐ Healthy Aging
 - ☐ Support Services for Depression
 - ☐ Mobile Geriatric Dental Services
 - ☐ Ethnic Family Caregiver Support
 - ☐ Kinship Care Legal Services
 - ☐ Serving Older Caregivers of Adults with Developmental Disabilities
4. Mailing address.
5. Telephone number.
6. Fax number, and
7. E-mail address.

Submitting your Proposals:

The proposal packet must contain an original (one-sided) and five (5) copies (two-sided) of the Application Form.

If you plan to submit a proposal for more than one category of service (see page 1 for categories) you must submit a separate RFP proposal packet for each category.

You must submit your proposal to the RFP Coordinator no later than the close of business on **December 29, 2003**. You may submit your proposal either by mail or by hand delivery. Use the mailing address or hand delivery address, which are provided below. DSHS will not accept any proposal submitted electronically or by fax.

You should allow sufficient mail or delivery time for your proposal to arrive at the office of Central Contract Services by the due date. You assume all risk for the method of delivery and for any delay in the mailing or delivery of your proposal.

DSHS may disqualify your proposal and withdraw it from consideration if the proposal is received after the deadline.

Mailing of Proposal

If you mail your proposal, the mailing address is:

Department of Social and Health Services
Central Contract Services
Attention: Christy Hoosier, RFP Coordinator
PO Box 45811
Olympia, Washington 98504-5811

Note: This is the only address the U.S. Post Office will use to deliver your proposal. The Post Office will not deliver your proposal to the physical delivery address listed immediately below.

Hand Delivery of Proposal

If you hand deliver your proposal, either yourself or by a delivery service, the delivery address is:

Department of Social and Health Services
Central Contract Services
Attention: Christy Hoosier, RFP Coordinator
Blake Office Park
4500 10th Avenue SE, 2nd Floor

Lacey, Washington 98503

Note: *The U.S. Post Office will not deliver your proposal to this state government address. The Post Office will either return your proposal to you or forward it to the 98504 zip code for Consolidated Mail Services for all state government offices in the Olympia-Lacey-Tumwater area.*

Be certain to use the above street address for delivery of your proposal, if you use a delivery service, and not the post office box address.

How to Contact the Solicitation Coordinator

Christy Hoosier, RFP Coordinator for Solicitation # 0334-134.

Telephone: (360) 664-6077

Fax: (360) 664-6184

E-Mail: hoosier@dshs.wa.gov. If you use e-mail to contact the RFP Coordinator you must use the Title and RFP number as the **subject line**. **“RFP 0334-134 ADSA Innovations Services and Support.”**

Requirements of DSHS Contractors

How Will the Successful Bidder Contract with DSHS?

- If you are an apparently successful bidder, you will be expected to sign a contract with DSHS and any subsequent amendments that may be required to address specific work or services as needed.
- If you fail or refuse to sign the contract or any subsequent amendment within ten (10) business days of delivery to you, DSHS may cancel your selection as an apparently successful bidder and may award the contract or amendment to the bidder ranked next in order, based on the final proposal scores for all bidders.
- DSHS reserves the right to negotiate the specific wording of the Statement of Work, billing and payment sections of the contract.

In accordance with Washington State and federal contracting requirements, potential contractors will be required to complete the following prior to DSHS entering into a contractual agreement with the potential Contractor:

- **Background Check**

The potential Contractor, their employees, subcontractors, and/or volunteers who may or will have unsupervised access to vulnerable DSHS clients must successfully complete any and all background checks or criminal history clearances required by law, or DSHS policy.

- **Debarment Certification**

The potential Contractor will be required to provide certification that neither the potential Contractor nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency. If requested by DSHS, the potential Contractor must complete a Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion form.

- Insurance

The potential Contractor will be required to maintain professional and/or commercial general liability insurance coverage in the amount of at least One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) in the aggregate per policy period, to be mutually agreed upon by DSHS and the potential Contractor.

- Reporting

The potential Contractor will be responsible for the management of the funds offered through this Program and must comply with reporting requirements which will include a six-month and final report detailing the units of service provided along with a narrative summary. Specific reporting requirements will be specified in each contract.

How Will DSHS Evaluate and Score Your Proposal?

In General

Proposals will be administratively screened after they are received. Responsive proposals will be evaluated and scored by evaluators previously selected. Unless otherwise warranted, proposals will be evaluated and scored individually by evaluators. Each proposal will receive a proposal score.

Oral presentations may also be required, if considered necessary or advisable by DSHS to select the winning proposal. If oral presentations are held, evaluators will evaluate and score the oral presentations of bidders selected as finalists.

Initial Screening

The RFP Coordinator will conduct an administrative screening of all written proposals to verify compliance with RFP instructions and requirements. The RFP Coordinator may withdraw any non-responsive proposals from further consideration.

Evaluation of Written Proposals

The evaluators will review the proposals and score only the information provided, in accordance with RFP requirements and evaluation criteria.

Evaluation of Oral Presentations

DSHS may, after evaluating the written proposals, schedule oral presentations of bidders selected as finalists. The RFP Coordinator will notify finalists of the date, time, and place of the oral presentations.

Evaluation Criteria

Evaluators will apply the following criteria, as well as all of the requirements listed in this RFP while evaluating and scoring your proposal, including any oral presentation:

- Understanding of project/target population, contract needs and requirements;
- Quality of assessment of need for services
- Proposed innovative approach and methodology;
- Quality of work plan;
- Organization's relevant experience;
- Organization's coordination with other project partners
- Plans for sustainability after grant funds end
- Your ability and capability to provide the services described in the RFP;
- Reasonableness and necessity of cost elements of the budget

Written Proposal Score

Your score for the written proposal will be the average of the scores of the evaluators who review your written proposal.

Final Proposal Score

Your final proposal score is the average points awarded for your written proposal, and if conducted oral presentation and reference checks.

Final Determination of Apparently Successful Bidder(s)

DSHS program staff or management may conduct a final review of the top scoring proposals, and of the evaluation and scoring of those proposals.

In this final review, DSHS may consider past or current performance of any DSHS contracts by a bidder, and any experience of the program or DSHS in working with a bidder under any past or current contract with DSHS.

DSHS management shall make the final determination as to which bidder(s) shall be officially selected and announced as the Apparently Successful Bidder(s) under this Solicitation.

In doing so, DSHS management shall be guided, but not bound, by the scores awarded by the evaluators. Program staff and DSHS management shall determine which proposals reviewed during this final selection process will best meet the needs of DSHS and, specifically, the needs of the Aging and Disability Services Administration.

How Will I Know When DSHS Has Made a Selection?

DSHS will notify all bidders on or about January 12, 2004 of the selection of the Apparently Successful Bidder by written notice to all bidders who submitted a proposal by letter, e-mail or fax.

Attachments

Attachment A: Area Agency on Aging Coordinators for the Family Caregiver Support Program

Attachment B: Family Caregiver Support Program - Service Definitions

Attachment C: Bidder Information Form

Innovations in Aging Services and Family Caregiver Support - 2004

Request for Proposals (RFP) – Solicitation # 0334-134

Due Date: December 29, 2003

Application Format

Section I: Sponsoring Organization Information

Weight 5 points

1. Name of sponsoring organization
2. Mailing address
3. Director (name & title): Telephone number
4. Fax number
5. Email address
6. Name and title of person to contact for questions about the proposal.
 - a. Telephone number
 - b. Fax number
 - c. Email address
7. Indicate the project category for your proposal (select one)
While your project might be applicable for more than one category, clearly specify one primary category for your project.
 - a. Ethnic Family Caregiver Support
 - b. Support Services for Depression
 - c. Healthy Aging
 - d. Mobile Geriatric Dental Services
 - e. Kinship Care Legal Services
 - f. Services Serving Older Caregivers of Adults with Developmental Disabilities
8. Indicate the type of sponsoring agency:
 - a. Tribal government,
 - b. Government agency,
 - c. Community-based private non-profit organization with 501C3 status, or
 - d. Faith-based organization
9. Provide the name, title and current responsibilities of staff person who will direct the work of the project and ensure all contract requirements are met.
10. Complete the Bidders Information Form and attach it to your proposal. See Attachment C for a copy of the form.

Section II: Proposed Project

Weight 55 points

1. Identify the specific underserved population targeted in your project proposal.
2. Describe the specific need(s) and/or service gap(s) that your project intends to address.
3. Define how the project is substantially different from existing programs and services for older people in Washington. If the project is replicating a proven model not currently operational in Washington, or will be offered to a currently un-served population or to a new geographic area of the state, describe the specific outcomes achieved elsewhere by this model and why the model can work as proposed in the project.
4. Summarize your proposed project in 150 words or less; this is a brief description that could be used to announce your project if it is selected.
5. **A.** Clearly define the project's goals and the short-term measurable objectives.
B. Realistically define your proposed outputs, including the quantity of services to be provided, numbers of persons to be served, frequency and length of services, etc.
C. Describe how your project will achieve its goals, including a reasonable work plan/timetable for completing the project's objectives within the established period of funding. Using the following format:
 - i. List in chronological order specific steps/activities you will take to complete this project.
 - ii. Next to each step, identify who (name and job title) will be responsible for carrying out the activity. Identify any subcontractors who will be participating in your project.
 - iii. Estimate the date the activity will be completed (month and year).
6. Describe the organizations with whom you will coordinate in the community and any current commitments you have with other entities, *i.e.*, community agencies, service networks, coalitions, media, and businesses, in order to:
 - i. develop the project,
 - ii. promote the project, and
 - iii. implement the project.

If your project will target caregivers, be sure to describe the collaboration that will take place between your project and the local Family Caregiver Support Program (administered by the local Area Agency on Aging) and other relevant organizations.

Include any confirmed in-kind contributions from partnering programs.

Note: Attach Letters of Support as an Appendix to the Application.

7. Explain what makes your project innovative.

Section III: Capacity of Sponsoring Organization

Weight 20 points

1. What experience does your organization have in serving the defined target population? Include any current activities your organization is involved in with this population.
2. Identify the programmatic, administrative and fiscal resources, including staff that will be made available to this project.
3. Indicate how the innovation being tested, if successful, may be sustained in your organization after the initial grant funding ends. Estimate annual operating expenses that will be ongoing after the initial one-year pilot period. Detail the specific steps you have taken or are taking *e.g.*, funding set aside in future organization budget, potential funding source(s) identified, documentation as to how representatives of potential funding sources are being involved in the planning and implementation of this intervention.
4. Explain what makes this project innovative.

Section IV: Budget

Weight 20 Points

Utilizing the work plan completed in Section III, 5. C. develop a line item budget and narrative based on the project's activities.

Line –item budget: Provide a detailed line-item budget for all personnel, operating expenses, direct project services, and indirect costs.

Cost Categories

The budget is made up of four cost categories:

1. Personnel,
2. Operating,
3. Direct Project Services
4. Indirect Costs.

You may have entries for all four categories or for just one or two. If you have more line items than the grid provides for, feel free to use another sheet of paper.

Personnel. People you hire, supervise, and pay; trainer, fiscal agent, secretary; costs to support a volunteer such as a project coordinator, or a volunteer group with advisory or oversight responsibilities.

Operating. Telephone, postage, supplies, space rental, mileage, advertising, printing and duplication, etc. Equipment purchases (*e.g.*, computers, office equipment, etc.) are *not* permitted under this funding.

Direct project services. Payments to cover the cost of service-related activities.

Administrative fees. Administrative fees cannot exceed ten percent.

Exclusions. Project funds cannot be used for building funds, construction, renovations or capital improvements; or to support pre-existing services. As stated above, equipment purchases are *not* permitted under this funding.

Cost Category	Total Cost
Personnel	
Operating	
Direct project services	
Administrative fees	
TOTAL	

Budget Narrative: Provide a detailed budget narrative to explain clearly how the funds listed in each category will be used.

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Category 1

Ethnic Family Caregiver Support

Background

Recent research indicates that the prevalence of family caregiving in ethnic minority communities is somewhat higher in Asian Americans (31.7%), African Americans (29.4%) and Latinos (26.8%) than among non-Hispanic Caucasians (24%). Of the three racial/ethnic groups, Caucasian caregivers are the most likely to provide care for a spouse; Latinos are the most likely to provide care for a parent; and African Americans are the most likely to be caring for other family members or unrelated individuals.

Among racial and ethnic minority groups, nearly 75% of family caregivers are children, which is higher than the 40-60% estimations found among the Caucasian populations. Non-white and Hispanic daughters show a tendency to provide more personal care and household help than do Caucasian daughters.

Research is finding that caregivers coping styles may be influenced by ethnic or cultural background. For example, Latino caregivers are less likely to express their feelings or obtain professional help than are Caucasians or African Americans. As a result, Latino caregivers may be at higher risk of depressive outcomes than caregivers from other cultural communities.

Despite the obvious need, ethnic minority caregivers use fewer outside social and medical services than do Caucasian caregivers. Programs across the country struggle to serve persons in ethnic minority communities. The reasons for lower utilization are multiple and complex and may vary depending upon the specific group and/or service. Ethnic caregivers of individuals with dementia, for example, experience substantial barriers to service use, such as cultural perceptions of Alzheimer's Disease/dementia that make them reluctant to seek assistance in addition to the practical obstacles in finding and obtaining services.

Experience with the national Alzheimer's Demonstration Grants to States, in which the State of Washington participated, showed that partnerships between organizations in ethnic communities and more traditional service providers may have the greatest potential for long-lasting effect in developing supportive services for caregivers in ethnic communities.

Purpose

The purpose of this category is to improve the well being of family caregivers in the target population through interventions designed to:

1. Increase utilization of available services; or
2. Increase feelings of confidence and competence in the caregiving role; or
3. Decrease feelings of caregiver burden and/or caregiver stress.

Proposed projects should focus on interventions that meet the intent of one or more of the core service elements of the National Family Caregiver Support Program (FCSP)(listed below) in ethnic populations.

Interventions should be known to be successful with the targeted ethnic community in another geographic location or perhaps be a successful model with a targeted ethnic community that you have good reason to believe will be successful with a different ethnic, age-specific, or disease-specific target population (e.g., an approach used to support ethnic families of children with disabilities that might work with elders, a program designed to reach dementia caregivers that might be effective for caregivers of those with other chronic illnesses, an approach used for Chinese elders that might work with Latino elders).

Core service elements include (*See Exhibit B for FCSP Service Definitions*):

- Information to caregivers about available services
- Assistance in gaining access to supportive services
- Counseling, support groups, caregiver training
- Respite care
- Supplemental services (e.g., supplies, specialized transportation, etc.)

Proposed approaches may include, but are not limited to:

- Providing culturally tailored caregiver education, training and/or consultation to a specific ethnic population. This would increase the caregiver's ability to manage the care they give (e.g., skills training or behavior management training) and/or their ability to care for themselves. This might include use of appropriate language trainers, a caregiver advocate or consultant for one-to-one education, or interactive computer technologies.
- Providing emotional or peer support for family caregivers. This service would meet needs similar to a support group and/or counseling (*i.e.*, learning to solve problems and make decisions, benefit from mutual support) in a manner acceptable within a specific ethnic population. This might include use of peer counselors or mentors; or the development of a group of family caregivers that meet for a specified "purpose" but have an informal social/support component integrated into the meetings or that are developed around socially accepted activities such as "clubs" or "tea times" with education and support woven within the activity.
- Provide "respite" to family caregivers in a format both acceptable and accessible to a specific ethnic population. This might mean developing ethnically specific day services within an existing day center, creating a trained group of culturally appropriate home care workers, or a mobile day center staff that travel to distinct communities.

Helpful Information

http://www.aoa.gov/alz/media/pdf/main_pdf.PDF
http://cssr.berkeley.edu/aging/pdfs/famcare_entire.pdf
<http://www.oafc-menlo.com>

Information about specific projects presented at these websites is not an endorsement of these projects or intended to limit the scope of your project.

Category 2

Support Services for Depression

Background

Depression is a serious illness affecting 15 percent of adults over age 65 in the United States. It is not a normal part of aging but rather a treatable medical illness that impacts more than 6 million of the 40 million Americans over age 65. The rate of suicide among older adults is higher than that for any other age group and the suicide rate for persons 85 years and older is the highest of all.

When depression occurs in late life, it may be a relapse of an earlier depression. If it is a first time occurrence, it may be triggered by another illness, hospitalization, or placement in a nursing home. One out of four adults with chronic illness experience depression. It is particularly common in patients with ischemic heart disease, stroke, cancer, chronic lung disease, arthritis, Alzheimer's disease, and Parkinson's disease. Another causal factor is grief following the death of a loved one.

Family caregivers, as a group, are at greater risk for depression than their non-caregiving contemporaries. Studies estimate that nearly half of all family caregivers are clinically depressed. Those that care for someone with dementia may be twice as likely to suffer from depression as a person providing care for someone without dementia. Depression is not restricted to caregivers of adults with disabilities. One-third of grandparents who are raising grandchildren also report suffering from depression.

The direct and indirect costs of depression have been estimated at \$43 billion each year, not including pain and suffering and diminished quality of life. Late life depression is particularly costly because of the excess disability that it causes and its harmful interaction with physical health.

Purpose

The purpose of this category is to improve the mental health of older participants and/or their caregivers through interventions designed to identify and treat depression.

Proposed approaches might include, but are not limited to:

- Making geriatric depression screening and follow-up counseling services available for older adults, particularly those with chronic illness, and/or their caregivers.
- Providing a family consultation service for those individuals caring for a person with dementia and exhibiting depressive symptoms; might include in-home assessment and care planning, counseling, family mediation, advocacy, service referral, and/or skills training for family caregivers.
- Providing emotional or peer support to individuals with chronic illness and/or family caregivers in rural communities, such as volunteer telephone support/reassurance, on-line support groups, peer counseling, or caregiver mentoring.

Helpful Information

http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2003_caregiver_depression.pdf

Information about specific projects presented at this website is not an endorsement of the featured project or intended to limit the scope of your project.

Category 3

Healthy Aging

Background

Four out of five older adults have a chronic condition and many experience limitations in activities due to such conditions. Eighty percent of the “illness burden” in the U.S. is the result of chronic illness occurring between the age of 55 and death. Among the most common or severe chronic conditions affecting persons aged 65+ are hypertension (37%), heart disease (15%), arthritis (48%), diabetes (10%), hearing impairments (32%), and major depression (5-10%).

Substantial evidence exists that interventions related to physical activity, nutrition, smoking cessation, medication management, falls prevention, and disease self-management can promote healthy aging and impact the development and progression of chronic disease. Improved diet (5-9 fruits and vegetables per day, low fat, low salt, high fiber) and increased physical activity (30-60 minutes 5 or more days per week), in particular, are significant factors in preventing and managing chronic disease.

The New England Journal of Medicine recently reported that poor physical fitness is a better predictor of death than smoking, hypertension, and heart disease (March 2002). The direct medical costs associated with physical inactivity were \$29 billion in 1987 and nearly \$76 billion in 2000. Engaging in regular physical activity is associated with taking less medication and having fewer hospitalizations and physician visits.

Evidence shows that effective nutrition intervention can also significantly impact chronic disease, and that 85% of older adults have conditions that could be improved with nutrition intervention. It is estimated that, annually, about \$71 billion in medical costs associated with chronic disease are attributed to poor diet. In addition to affecting existing chronic disease, good nutrition—a diet that is low in fat, high in fiber, and consists of lots of fruits and vegetables, especially in conjunction with regular physical activity, has been shown to help reduce the probability of developing cancer, heart disease, hypertension, and diabetes.

Purpose and Guidelines

The purpose of this category is to improve the health of the target population through interventions designed primarily to improve the management of chronic diseases or conditions to delay or prevent progression and further disability. Within your project additional activities to reduce the likelihood of developing chronic diseases may be offered.

Proposed projects should focus on interventions in one or more of the following areas: physical activity, nutrition, falls prevention, and disease self-management, and smoking cessation. Direct interventions should be evidence-based or adaptations of evidence-based interventions. Development of new interventions or research-based projects will be considered, however, since

this is one-time only funding for a one-year period, the proposed direct intervention should have a high probability of being effective.

Projects can also center around planning, collaboration, dissemination, or development to increase healthy aging programs and awareness and create an environment and mindset that makes it possible to put healthy aging concepts into practice.

Within the OAA-eligible population, projects must target individuals who have or are at risk of developing chronic diseases or conditions. It is suggested that efforts be focused in areas or populations where the need is greatest and project activities have a high probability of success. Risk factors include but are not limited to:

- poor nutritional status
- low physical activity levels
- overweight or obesity
- smoking.

People who are low income, Native Americans, and African Americans are at higher risk for several chronic diseases.

There is growing evidence that caregivers, including kinship caregivers, are also at higher risk for chronic conditions and other diseases due to chronic stress and the neglect of their own needs with regard to nutrition, physical activity, and regular preventive healthcare such as dental care, immunizations, mammograms and other health screenings.

Helpful Websites:

www.seniorservices.org/wellness/wellness.htm www.fiu.edu/~nutreldr/STEPS_Program/STEPS_home.htm www.presidentschallenge.org/home_seniors.aspx www.cdc.gov/nccdphp/aag/aag_dnpa.htm www.cdc.gov/aging/ www.healthypeople.gov/ www.cms.gov/healthyaging/
--

Information about specific projects presented at these websites is not an endorsement of these projects or intended to limit the scope of your project.

Category 4

Mobile Geriatric Dental Services

Background

About one-third of all Americans aged 65 and older have no teeth. Due to a lack of dental insurance coverage, the high cost of services, geographic distance to dentists or mobility or disability issues, some older persons and/or their caregivers are not able to get the dental care they need.

Older persons are also an under-served population due in part to the challenges of treating someone with multiple health prognoses. Oral health is critical to individuals throughout the lifespan for good nutrition, their ability to communicate, and for personal self-esteem.

Preparation for dentists in this country to understand and sensitively meet the dental needs of older persons is lacking.

Purpose

Create accessible dental services for older persons and their caregivers who are in need of these services. The purpose of this category is to develop a service model to provide dental screening, treatment and education to older persons and their caregivers. in a cost effective manner. Additionally, the project should involve dental students who will receive on-site training to perform geriatric dentistry under the supervision of a dentist.

To make the dental services accessible, partnerships should develop between the participating dental school and adult day centers located conveniently in rural and urban communities. These local centers would be chosen in part due to the feasibility of setting up a basic dental operation with the available space for the equipment and staff needed to make the services possible. Both participants of the centers and individuals from the surrounding community could be encouraged to seek services should they be needed. The local Family Caregiver Support Program may be helpful in providing referrals and publicity for the dental services.

Category 5

Kinship Care Legal Services

Background

Kinship caregivers must consider an array of legal options when deciding whether and how to formalize their relationship with the child they are raising. In the recent Washington State Institute for Public Policy study, kinship caregivers reported in a statewide survey that they often do not have access to information or counsel regarding those legal options. Legal processes can be time consuming and costly. Many survey respondents requested affordable or free legal services to help them understand the system and represent them in court. Without legal status, grandparents can have trouble gaining access to the children's medical or school records or giving consent for services. Kinship care families also often face an array of other legal issues, including problems related to housing, public benefits, education, insurance coverage, mental health services, and immigration status.

Legal services are badly needed by grandparents and relatives who cannot afford to take necessary legal action to ensure legal custody of the children they are raising. In many cases, having someone explain to them the information, problem-solve, empower and advocate for them is what would be most helpful.

Purpose

Create a kinship care legal services pilot project, to be located at an existing legal services offices or law school in Washington State. The pilot project will be a model for how to provide kinship care families with necessary legal information, assistance and representation in an efficient and cost-effective manner. The intent of this project would be to resolve legal issues more quickly, thus reducing court involvement, resulting in savings, and increasing the likelihood of permanency for children. Possible features of the project include:

- An attorney to work in close collaboration with one or more law schools and with social service agencies that serve kinship caregivers to develop a holistic, multi-layered approach to serving the needs of these caregivers within the relevant geographic areas. :
- Use of law student externs, volunteers, paralegals and/or work-study students to assist with community education, development of self-help materials and clinics for uncontested cases, screening of new clients, providing brief legal service, and representation in appropriate individual cases.
- Ongoing relationships with key agencies and support groups serving kinship care families to ensure that the kinship caregivers are aware of available legal resources and services. And conversely, that the kinship caregivers seen by the legal services pilot project are aware of community supports for the family's non-legal needs.
- Coordination with other legal services providers to maximize access for kinship families to existing legal services such as volunteer lawyers to do wills and guardianships, debt clinic, Housing Justice Project, etc.

- “Wraparound” services including representation in family law, public benefits/economic security, housing, education, access to services, and dependency cases.

Category 6

Serving Older Caregivers of Adults with Developmental Disabilities

Background

Many adults with developmental disabilities live at home with their parents from birth until the parent can no longer provide the supports they need. As these caregivers and the persons age, new issues arise that need to be addressed. Until recently most caregivers outlived their children with developmental disabilities. This is not the case today. Statistics show that over 2,000 people with developmental disabilities age 30 and above still live with their parents, most of whom are sixty or over.

As the age of the caregiver increases, the caregiver begins to have new issues to deal with, including health issues, the need for assistance to continue caregiving activities, and the need to prepare for a time when they can no longer continue to provide support. New legal issues may arise as they consider how to provide for their son or daughter. Recent information gathered from the first conference in Washington State on older caregivers of persons with developmental disabilities indicates that many of these families lack the information and support they need to prepare for the future as well as to continue caregiving, if that is their desire. It was also clear from the conference that this is an emerging need that will only increase as the years go by.

Purpose

Create a pilot project to provide support for caregivers in planning for the future needs of their sons or daughters, as well as provide helpful tools for caregivers to meet their personal needs. In addition, explore providing respite services for both the parent/or the person with developmental disabilities as needed. The pilot project will be a model for providing aging families with needed information, assistance and support in an efficient and cost-effective manner. The intent of this project would be to address issues of aging caregivers that are not currently being addressed. Funding may not be used to supplant or increase currently funded activities

Possible features of the project may include:

- Developing a comprehensive “Aging Families Legal Check-up” tool, in consultation with attorneys, and others who specialize in developmental disability issues such as guardianships, Medicaid planning, trusts, housing and other legal matters; to assist caregivers in identifying their legal needs and how to address them. This tool would be piloted for use statewide.
- Coordinating with the Access to Justice Network and the available legal services providers to maximize access for aging families to existing legal services such as volunteer, pro bono, reduced fee, paid legal services and private lawyers to do wills and guardianships, debt clinics, Housing Justice Project, and other legal matters.

- Working with key agencies and support groups who serve aging families to ensure that the family's non-legal needs are being addressed and develop information for statewide distribution to senior families.
- Developing and offering training for case managers, advocates, and Medicaid Personal Care Providers on working with aging families and connecting them with pertinent resources; e.g., person-centered planning.
- Developing a pilot respite program that addresses the needs of both the unpaid older caregiver and the person with developmental disabilities if they are providing some of the care for the parental caregiver as he or she ages.

How Do I Receive Feedback Regarding My Proposal?

If DSHS does not select your proposal, you may request a debriefing conference. You must submit your request to the RFP Coordinator by mail or fax by the date listed in the notification letter.

The debriefing conference will be held by the date listed in the notification letter. The debriefing conference may be conducted either in person or by telephone and will be scheduled for a maximum of one hour.

Discussion at the debriefing conference will be limited to the following:

- Evaluation and scoring of your proposal;
- Critique of your proposal; and
- Review of your final score in comparison with other bidders' final scores without identifying the bidders.

You may not submit a protest unless you have both requested and participated in a debriefing conference.

How Do I Protest the Results?

The protest procedure outlined in this section is available only to those who have submitted a proposal in response to this RFP. It is the sole administrative remedy available within DSHS under this RFP.

What Are the Grounds for a Protest?

You may only submit a protest on one or more of the following grounds:

- Failure by DSHS to follow the procedures set forth in this RFP, or to follow applicable state or federal laws or regulations;
- Bias, discrimination, or conflict of interest on the part of an evaluator for DSHS; and/or
- Arithmetic errors made by DSHS in computing the score.

What Must the Protest Contain?

You must state all facts and arguments on which you rely for your protest, and the ground(s) for your protest. You must include in your protest:

- The ground(s) of your protest;
- A detailed and complete statement of the specific action by DSHS that you are protesting;
- The RFP number; and
- A description of what relief or corrective action you request.

You may attach to your protest any documentation, which you offer to support your protest.

How Do I Submit a Protest?

Your protest must be in writing and must be signed. You must mail or hand deliver your protest to the RFP Coordinator. *Protests may not be submitted by fax.* DSHS must receive your protest not later than 5 business days following your debriefing conference.

Mail or hand deliver your protest using the same mailing or delivery address provided in this RFP for submitting your proposal. (See Page 6 of this RFP.)

How will DSHS Review My Protest?

The RFP Coordinator will forward your protest to the DSHS designated Protest Coordinator with copies of the following: this RFP and any amendments, your proposal, the evaluators' scoring sheets, and any other documents showing how your proposal was evaluated and scored.

DSHS will follow these procedures in reviewing your protest:

- DSHS will conduct an objective review of your protest, based on the contents of your written protest and the above materials provided by the RFP Coordinator.
- DSHS will send you a written decision within five (5) business days after DSHS receives your protest, unless more time is required to review the protest and make a determination. DSHS will notify you if additional time is necessary.

How Will DSHS Decide My Protest?

DSHS will make a final determination of your protest and will either:

- 1) Find that your protest lacks merit and uphold DSHS's actions; or
- 2) Find that any errors in the RFP process or in DSHS's conduct did not influence the outcome of the RFP, and uphold DSHS's actions; or
- 3) Find merit in the protest and provide options for corrective action by DSHS which may include:
 - That DSHS correct any errors and re-evaluate all proposals affected by its determination of the protest;
 - That DSHS reissue the RFP document; or
 - That DSHS make other findings and take such other action as may be appropriate.

General Information

RFP Amendments

DSHS may, at any time before execution of a contract, amend all or any portion of this RFP. DSHS will mail any RFP amendments to you. If there is any conflict between amendments or between an amendment and the RFP, whichever document was issued last in time shall be controlling.

Retraction of This RFP

DSHS and the State of Washington are not obligated to contract for the services specified in this RFP. DSHS reserves the right to retract this RFP in whole, or in part, and at any time without penalty.

Rejection of All Proposals

DSHS may decide not to award any contract(s) under this RFP by rejecting any and all proposals, at any time.

Non-responsive Proposals

DSHS may reject your proposal as nonresponsive for any of the following reasons:

- Incomplete proposal;
- Submission of alternative proposals;
- Failure to comply with any part of this RFP; or
- Submission of incorrect, misleading, or false information.

Minor Irregularities

DSHS may waive minor irregularities related to any proposal.

Cost of Proposal Preparation

DSHS will not reimburse you for the costs associated with preparing and/or presenting any proposal for this RFP.

Failure to Comply

If you fail to comply with any portion of this RFP or any exhibit to this RFP, including instructions, DSHS may reject or withdraw your proposal at any time as non-responsive.

Seems redundant with Non responsive proposals, can we eliminate this??? Christy

Joint Proposals

If you submitted a joint proposal, with one or more other bidders, and your proposal is designated as the apparently successful proposal, DSHS may designate you or one of the other bidders as the prime bidder and as the apparently successful bidder. The prime bidder will be DSHS's sole point of contact, will sign the contract and any amendments, and will bear sole responsibility for performance under the contract.

Definitions

The following terms, which appear in this RFP, have the meaning that is defined, for the purposes of this RFP:

- Apparently Successful Bidder - A bidder selected as having submitted a successful proposal, based on the bidder's final proposal score. The bidder is considered an "apparently" successful bidder until a contract is finalized and executed.
- Agency – The Department of Social and Health Services' Aging and Disability Services Administration is the agency of the State of Washington that is issuing this RFP.
- Bidder - An individual, organization, public or private agency, or other entity submitting a proposal in response to this RFP.
- Contractor – Individual or Company whose proposal has been accepted by the Agency and is awarded a fully executed, written contract
- Issue - To mail or otherwise release this RFP as a public document, to interested parties who have requested it.
- Proposal - All material prepared and assembled by a bidder, and which the bidder submits in response to this RFP.
- Protest - An objection by the bidder, in writing, protesting the selection of another bidder as an apparently successful bidder, and which complies with all requirements of this RFP. RFP - "Request for Proposals;" i.e., this RFP document.
- RFP Coordinator - The person named in this RFP as the RFP Coordinator, or the RFP Coordinator's designee within Central Contract Services. The sole point of contact within DSHS regarding this RFP for potential bidders and other interested parties.
- Statement of Work - A statement of the work or services, which the contractor is to perform under any contract awarded, and which is usually in the form of an exhibit attached to the contract.
- Submit - To deliver to the DSHS RFP Coordinator any of several documents described in this RFP and in the manner specified in this RFP.
- You - The person, agency, or organization requesting a copy of this RFP or submitting a proposal in response to this RFP.

ATTACHMENT A:

**Area Agency on Aging Coordinators
for the Family Caregiver Support Program**

Ginny Adams Olympic Area Agency on Aging 11700 Rhody Drive Port Hadlock, WA 98339- (360) 379-5084 (360) 379-4400 FAX:	PSA #1 DSHS REGION 6 Clallam, Grays Harbor, Jefferson and Pacific
Kim Boon Northwest Regional Council 600 Lakeway Drive Bellingham, WA 98225- (360) 676-6749 (360) 738-2451 FAX	PSA #2 DSHS REGION 3 Island, San Juan, Skagit and Whatcom
John Peterson Snohomish County Long Term Care & Aging Division 2722 Colby Avenue Suite 104 Everett, WA 98201 (425) 388-7307 (425) 388-7330 FAX	PSA #3 DSHS REGION 3 Snohomish
Margaret Casey Aging & Disability Services-Seattle/King County 618 Second Avenue Suite 1020 Seattle, WA 98104-2232 (206) 684-0662 (206) 684-0689 FAX	PSA #4 DSHS REGION 4 King
Connie Kline Pierce County Aging & Long Term Care 8811 S. Tacoma Way Suite 210 Lakewood, WA 98499-4591 (253) 798-7236 (253) 798-3812 FAX	PSA #5 DSHS REGION 5 Pierce
Carrie Petit Lewis/Mason/Thurston Area Agency on Aging 3603 Mud Bay Road Suite A Olympia, WA 98502- (360) 664-2168 (360) 664-0791 FAX	PSA #6 DSHS REGION 6 Lewis, Mason and Thurston

<p>Kristrun Grondal Southwest Washington Area Agency on Aging 7414 NE Hazel Dell Avenue Vancouver, WA 98665 changed 8/03 (360) 694-6577 (360) 694-6716 FAX</p>	<p>PSA #7 DSHS REGION 6 Clark, Cowlitz, Klickitat, Skamania, Wahkiakum</p>
<p>Lori Kostors Aging & Adult Care of Central Washington 50 Simon Street SE, East Wenatchee, WA 98802- (509) 886-0700 (509) 884-6943 FAX 1-800-572-4459</p>	<p>PSA #8 DSHS REGION 1 Adams, Chelan Douglas, Grant, Lincoln and Okanogan,</p>
<p>Laurie Camp Southeast Washington Area Agency on Aging PO Box 8349 7200 W Nob Hill Blvd Yakima, WA 98908-0346 (509) 965-0105 (509) 965-0221 FAX</p>	<p>PSA #9 DSHS REGION 2 Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Yakima and Walla Walla</p>
<p>Patricia Randall Yakama Nation Area Agency on Aging PO Box 151 91 Wishpoosh Toppenish, WA 98948- (509) 865-5121 Ext. 483 (509) 865-2098 FAX</p>	<p>PSA #10 DSHS REGION 2 Yakama Reservation</p>
<p>Debi Levin Stankevich Aging & Long Term Care of Eastern Washington 1222 North Post Spokane, WA 99201- (509) 458-2509 (509) 458-2003 FAX</p>	<p>PSA #11 DSHS REGION 1 Ferry, Pend Oreille, Spokane, Stevens and Whitman</p>
<p>Gwen Gua, AAA Director Colville Indian Area Agency on Aging PO Box 150 Nespelem, WA 99155- (509) 634-2759 (509) 634-2793 FAX 1-888-881-7684 ext. 2237</p>	<p>PSA #12 DSHS REGION 1 Colville Reservation</p>
<p>Paul Urlie Tawnya Weintraub Kitsap County Division of Aging & Long Term Care 614 Division St MS-5 1026 Sidney Avenue Port Orchard, WA 98366- (360) 337-7068 (360) 337-5746 FAX</p>	<p>PSA #13 DSHS REGION 5 Kitsap</p>

ATTACHMENT B:

Family Caregiver Support Program Service Definitions

The core services of the Family Caregiver Support Program (FCSP) include:

- Information to caregivers about available services
- Assistance in gaining access to supportive services
- Counseling, support groups, caregiver training
- Respite care
- Supplemental services
- **Information about available public and private long-term care support services:** Information dissemination may take place on a one-to-one basis or in group settings (e.g. information fairs, public forums). Outreach activities to reach caregivers through sponsorship of educational events, development of outreach materials and campaigns, and other appropriate activities designed to facilitate awareness of and access to support services are included under the Information service component. Unit: # of caregivers or professionals served with information
- **Assistance in gaining access to an array of appropriate long-term care family caregiver services:** Family and other unpaid caregivers are offered guidance and referrals to services that respond to their specific caregiver situation which include, but are not limited to, basic community resources, DSHS services and other aging network programs, as well as services such as mental health counseling, legal and financial consultation, and diagnostic services.

Providing assistance includes *Specialized Caregiver Information/Assistance* designed to involve listening and responding to the unique needs of each caregiver by providing access to information on the disease process of the care recipient and/or about caregiving. This process may involve taking the family/caregivers through the steps they could follow in order to resolve problems or cope with the concerns that are un-resolvable. Staff must be able to present concrete ways for family members to apply information and service options to their situations. Areas that may be “worked through” to a higher degree than during initial intake/information-giving include:

- A. getting and understanding a diagnosis or treatment plan for the care receiver;
- B. helping the family plan and adjust to new, ever-changing and often crisis-provoking events; helping the family decide about the optimal care patterns and settings for each level of the care receiver’s ability (home care, day care, hiring outside help, etc.);
- C. helping the family decide about and ultimately select an out-of-home placement;
- D. reviewing and explaining financial and legal problems and options; and
- E. discussing bioethical concerns and preparation for the care receiver’s death.

Unit: # persons assisted and # of assists

- **Individual Counseling:** Offers emotional support and mental health intervention to assist caregivers in problem-solving and longer-term resolution of psychosocial issues related to caring for the patient. Unit: # hours of counseling, # of clients served
- **Promotion and implementation of support groups:** Staff involved with the Family Caregiver Support Program (FCSP) will identify and be able to refer callers to the various support groups available to caregivers in their area that are either generic or disease specific in nature. In areas where support groups are not available or able to meet the needs of the local caregivers the FCSP may commit to developing a support group(s) to meet the needs of local caregivers. Units of service: # of referrals, # of support groups started
- **Caregiver Training:** Services provide instruction or training to family caregivers. The training may include general or disease specific information as well as information on practical skills that strengthen the caregiver's capacity to provide ongoing care.

Caregiver Training aims to ease the burden on caregiving with special attention to:

- A. understanding the nature of the disease and other health problems of the care recipient,
- B. enhancing the coping and problem-solving skills of caregivers,
- C. practicing the performance of appropriate personal care tasks, and
- D. increasing knowledge of long-term care service options to support informed decision making about current and future care plans.

Printed educational materials may be used to supplement these activities. Caregiver training may be offered in groups or through one-to-one consultation. Units of service: # of group trainings and # of individuals trained

- **Respite Care Services:** Relief care to enable family caregivers to be temporarily relieved from their caregiving responsibilities. The services provide temporary care or supervision in substitution for the unpaid caregiver. Units of service: # of hours provided, # of caregivers served

In addition, in order to qualify for respite care an older individual is determined to be functionally impaired because the individual-

- (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Supplemental services: Additional supportive long-term care services may include but are not limited to translating/interpreter services, specialized transportation, coordination of health care services, help purchasing needed supplies, durable goods, or equipment, and other forms of information and support necessary to maintain the unpaid caregiving activity.

In order to qualify for supplemental service an older care receiver is determined to be functionally impaired because the individual:

- A. Is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- B. Be to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual

ATTACHMENT C:

Bidder Information, Certifications and Assurances Form

**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CENTRAL CONTRACT SERVICES**

**BIDDER INFORMATION, CERTIFICATIONS AND ASSURANCES
Request for Proposal (RFP) # 0334-134**

Completion of this Bidder Information form is a mandatory requirement for contracting with the Washington Department of Social and Health Services (DSHS). The certifications and assurances contained herein are a required element of the Proposal. **Failure to submit this Bidder Information form or any applicable attachments with your proposal may result in your proposal being rejected as non-responsive.**

Please Type or Print Legibly:

Bidder Name: _____

Bidder Address: _____

Telephone: _____ Fax Number: _____

Contact Person for the Bidder's proposal: _____

Section A: All Bidders

1. Complete the applicable box:

a. The Bidder is an individual and is a:

☐ Sole Proprietor

You must complete Sections A, B and F.

b. The Bidder is a partnership and is a:

☐ General Partnership

☐ Limited Partnership

☐ Limited Liability Partnership

You must complete Sections A, C and F.

c. The Bidder is a corporation and is a:

☐ For Profit Corporation

☐ Non Profit Corporation

☐ Limited Liability Corporation

You must complete Sections A, D and F.

- d. ☐ The Bidder is a public agency, governmental entity, or federally recognized tribe

You must complete Sections A, E and F.

2. The Bidder's Federal Identification number is: _____
3. The Bidder's Washington Uniform Business Identifier (UBI) Number is: _____
To obtain a Washington UBI Number call 360-664-1400.
4. Information concerning the proposed Contract Manager for the Bidder:
- Name: _____
- Work Address: _____
- Work Telephone: _____
- Work Fax: _____
5. Has the Bidder had a contract or work order terminated for default during the last five years?
- ☐ Yes ☐ No

If yes, attach a signed statement describing the contract, the circumstances surrounding the termination, and the name, address and telephone number of the other party to the contract. DSHS will evaluate the facts and may, at its sole discretion, reject the Bidder's proposal on the ground of its past performance. For the purpose of this question, "termination for default" means notice was given to the Bidder to stop contract work due to nonperformance or poor performance, and the performance issue was either (a) not contested by the Bidder or (b) litigated, finding the Bidder in default.

6. The Bidder declares that all answers and statements made in the Proposal are true and correct.
7. The Bidder certifies that the prices and/or cost data contained in the Bidder's proposal 1) have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition, and 2) have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before contract award, except to the extent that the Bidder has joined with other individuals or organizations for the purpose of preparing and submitting a joint proposal or unless otherwise required by law.

8. The Bidder's proposal is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Bidder's Proposal will remain valid for 210 days or until the protest is resolved, whichever is later.
9. In preparing this Proposal, the Bidder and/or the Bidder's employees have not been assisted by any current or former DSHS employee whose duties relate (or did relate) to this procurement and who was assisting in other than his or her official, public capacity.
If there are any exceptions to these assurances or Bidder has been assisted, identify on a separate page attached to this document each such individual by (a) name, (b) current address and telephone number, (c) current or former position with DSHS, and (d) dates of employment with DSHS; and describe in detail the assistance rendered by that individual.
10. The Bidder acknowledges that DSHS will not reimburse the Bidder for any costs incurred in the preparation of this Proposal. All Proposals become the property of DSHS, and the Bidder claims no proprietary right to the ideas, writings, items or samples.
11. The Bidder acknowledges that any contract(s) awarded as a result of this procurement will incorporate a Statement of Work and General Terms and Conditions substantially similar to the sample contract attached to the procurement document. I certify, on behalf of the Bidder, that the Bidder will comply with these or substantially similar Special Terms and Conditions and General Terms and Conditions if selected as an Apparently Successful Bidder.
12. The Bidder acknowledges that any contract(s) awarded as a result of this procurement will also incorporate Special Terms and Conditions applicable to this procurement as prepared by DSHS. The Bidder acknowledges that it will negotiate in good faith any changes or modifications to any portion of the proposed contract.
13. The Bidder understands that, if selected to contract with DSHS, the Bidder will be required to comply with all applicable state and federal civil rights and other laws. Failure to so comply may result in contract termination. If requested by DSHS, the Bidder agrees to submit additional information about the nondiscrimination policies of the Bidder's organization in advance of or after the contract award.
14. The Bidder' certifies that is has a current Washington Business License, and agrees to promptly provide a copy of the license in the event the Bidder is selected as the Apparently Successful Bidder.
15. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit a proposal for the purpose of restricting competition.

Section B: Sole Proprietors Only

1. I am authorized to sign any contract that may result from this procurement.
2. Is the Bidder or any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?
☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

Section C: Partnerships Only

1. The Bidder is organized under the laws of, and is in good standing with, the State of _____.
2. Attach the following to this Bidder Information form:
 - Name and address of each of the Bidder's General Partners;
 - Name and address of each of the Bidder's Limited Partners; and/or
 - Name and address of each of the Bidder's Limited Liability Partners.
3. Is any General, Limited, or Limited Liability Partner a past or current State of Washington employee?
☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

4. Is any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?
☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

5. I am authorized to bind the Bidder to a contract, or the name and title of the individual who is authorized to bind the Bidder to a contract and who will be signing any contracts between DSHS and the Bidder is:

Name

Title

Section D: Corporations Only

1. The Bidder is organized under the laws of, and is in good standing with, the State of _____.
2. Attach the following to this Bidder Information form: Name and address of each of the Bidder's Officers and Directors.
3. Is any Officer or Director of the Bidder a past or current State of Washington employee?

☐

Yes

☐

No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

4. Is any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?

☐

Yes

☐

No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

5. I am authorized to bind the Bidder to a contract, or the name and title of the individual who is authorized to bind the Bidder to a contract and who will be signing any contracts between DSHS and the Bidder is:

Name

Title

Section E: Public Agencies Only

1. The Bidder is a "public agency" as defined in Section 39.34.020 RCW and is a:

☐

State Agency

☐

Institution of Higher Learning

☐

County

☐

Quasi-Governmental

☐

City

☐

Federally Recognized Tribe

☐

Public School

☐

Other: _____

2. Is any Manager or Employee of the Bidder Public Agency a past or current State of Washington employee?

☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

3. Is any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?

☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

4. I am authorized to bind the Bidder to a contract, or the name and title of the individual who is authorized to bind the Bidder to a contract and who will be signing any contracts between DSHS and the Bidder is:

Name

Title

Section F: All Bidders

1. By signing below, the Bidder authorizes DSHS to conduct a financial assessment and/or background check of the Bidder if DSHS considers such action necessary or advisable before contracting with the Bidder.
2. Under the penalties of perjury of the State of Washington, the undersigned affirms the truthfulness of the statements made herein. The undersigned certifies that the Contractor is now, and shall remain, in compliance with the certifications and assurances contained herein, and agrees that such compliance is a condition precedent to the award and continuation of any related contract(s). The undersigned acknowledges the Bidder's obligation to notify DSHS of any changes in the statements, certifications and assurances made herein.

Signature

Date

Printed or Typed Name

Title